

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

101 EAST STATE STREET

☐Check if different
than previously
reported. (ACC)

KENNETT SQUARE

PA

19348

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00292094

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LAURENCE F. LANE

Signature of Treasurer

Electronically Filed by LAURENCE F. LANE

Date

11

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 277

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		28218.56
(b) Cash on Hand at Beginning of Reporting Period	55472.82	
(c) Total Receipts (from Line 19)	43703.51	137734.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99176.33	165952.74
7. Total Disbursements (from Line 31)	87744.11	154520.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11432.22	11432.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	37091.87	96571.86
(ii) Unitemized	5111.64	37662.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42203.51	134234.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42203.51	134234.18
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43703.51	137734.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43703.51	137734.18

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	744.11	2635.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	744.11	2635.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	138130.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	8000.00	13755.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	87744.11	154520.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87744.11	154520.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42203.51	134234.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42203.51	134234.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	744.11	2635.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	744.11	2635.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.80

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39168

Amount of Each Receipt this Period

15.20

B.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39169

Amount of Each Receipt this Period

15.20

C.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39170

Amount of Each Receipt this Period

15.20

SUBTOTAL of Receipts This Page (optional)

45.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39171

Amount of Each Receipt this Period

15.20

B.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39172

Amount of Each Receipt this Period

15.20

C.

Full Name (Last, First, Middle Initial)

ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39173

Amount of Each Receipt this Period

15.20

SUBTOTAL of Receipts This Page (optional)

45.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.39174

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.39175

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39176

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39177

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39178

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.39179

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.39180

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39181

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39182

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39183

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39184

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39185

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39186

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39187

Amount of Each Receipt this Period

24.43

C.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39188

Amount of Each Receipt this Period

24.43

SUBTOTAL of Receipts This Page (optional)

68.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.88

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39189

Amount of Each Receipt this Period

24.43

B.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.31

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39190

Amount of Each Receipt this Period

24.43

C.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39191

Amount of Each Receipt this Period

24.43

SUBTOTAL of Receipts This Page (optional)

73.29

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39192

Amount of Each Receipt this Period

24.43

B.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.39193

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: SA11AI.39194

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

124.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39195

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39196

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39197

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-COMMUNITY BASED SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39198

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39199

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39200

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39201

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39202

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39203

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39204

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3015.32

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39219

Amount of Each Receipt this Period

215.38

C.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3230.70

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39220

Amount of Each Receipt this Period

215.38

SUBTOTAL of Receipts This Page (optional)

580.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3446.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39221

Amount of Each Receipt this Period

215.38

B.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3661.46

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39222

Amount of Each Receipt this Period

215.38

C.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3876.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39223

Amount of Each Receipt this Period

215.38

SUBTOTAL of Receipts This Page (optional)

646.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4092.22

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39224

Amount of Each Receipt this Period

215.38

B.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39228

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39229

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

295.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39230

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39231

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39232

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39233

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.39234

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39235

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.39236

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39237

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39238

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39239

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39240

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39241

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39242

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39243

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39244

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39245

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39246

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39247

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39248

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39249

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City

KINGSVILLE

State

MD

Zip Code

21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39250

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39251

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39252

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39253

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39254

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39255

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39256

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39257

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39258

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39259

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39260

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39261

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39262

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39269

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39270

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39271

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39272

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39273

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39274

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39275

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39276

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39277

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39278

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39279

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39280

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39281

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39282

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39283

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39284

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39285

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39286

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39294

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39295

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39296

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39297

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39298

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-RESP HEALTH SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39299

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39327

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39328

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39329

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39330

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39331

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBIN BROWN

Mailing Address 22 MOLLY LANE

City

SEBAGO

State

ME

Zip Code

04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39332

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39340

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39341

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39342

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39343

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39344

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39345

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39352

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39353

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39354

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39355

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39356

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39357

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39365

Amount of Each Receipt this Period

46.00

B.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39366

Amount of Each Receipt this Period

46.00

C.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39367

Amount of Each Receipt this Period

46.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39368

Amount of Each Receipt this Period

46.00

B.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39369

Amount of Each Receipt this Period

46.00

C.

Full Name (Last, First, Middle Initial)

RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39370

Amount of Each Receipt this Period

46.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELLE L. COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39390

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHELLE L. COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39391

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARY T. CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39398

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39399

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39400

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39401

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39402

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39403

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39404

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39405

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39406

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39407

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39408

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39409

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39410

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39411

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39412

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39413

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39414

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39415

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39416

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39429

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39430

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39431

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39432

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39433

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39434

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39453

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39454

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39455

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: SA11AI.39456

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.39457

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City

SEWELL

State

NJ

Zip Code

08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39458

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.39472

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.39473

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.39474

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39475

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39476

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

Mailing Address 1 DUBB DRIVE

City

NEWARK

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39477

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39466

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39467

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39468

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

576.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 19390

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39469

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)
THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 19390

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39470

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)
THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 19390

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39471

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

576.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39498

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39499

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39500

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39501

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39502

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39503

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39504

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39505

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39506

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39507

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39508

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39509

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAREN Y. DYE

Mailing Address PO BOX 12166

City

WILMINGTON

State

DE

Zip Code

19850

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39515

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39522

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39523

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 68 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39524

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39525

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39526

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39527

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39528

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39529

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39530

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39531

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39532

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39533

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39540

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39541

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39542

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39543

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39544

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39545

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39552

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39553

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39554

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39555

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39556

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.39557

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.85

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.39558

Amount of Each Receipt this Period

44.09

C.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.26

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.39559

Amount of Each Receipt this Period

42.41

SUBTOTAL of Receipts This Page (optional)

121.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.69

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39560

Amount of Each Receipt this Period

43.43

B.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.44

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39561

Amount of Each Receipt this Period

45.75

C.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39562

Amount of Each Receipt this Period

41.56

SUBTOTAL of Receipts This Page (optional)

130.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.10

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.39563

Amount of Each Receipt this Period

41.10

B.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.39564

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.39565

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

81.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39566

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39567

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39568

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39569

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39570

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39571

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39572

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39573

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39574

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEAN FEICK

Mailing Address 159 MERION LANE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39575

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39576

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39577

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39578

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39579

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39580

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39581

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39584

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39585

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39586

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39587

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39594

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39595

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39596

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39597

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39598

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City

WOODSTOWN

State

NJ

Zip Code

08098

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39599

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39600

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39601

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39602

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39603

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PAGE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39604

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PAGE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39605

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39606

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39607

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39608

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39609

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39610

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39611

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.39612

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.39613

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39614

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39615

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39616

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.39617

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.39618

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39619

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39620

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39621

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39622

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39623

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City

CHESTER SPRINGS

State

PA

Zip Code

19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39624

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.39627

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.39628

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.39629

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39630

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39631

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39632

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39633

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39634

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39635

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39636

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39637

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39638

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39639

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39640

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39641

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39642

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39643

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39644

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39645

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39646

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39647

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.39648

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39649

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.39650

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.39651

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.39652

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.39653

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.39654

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39655

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: SA11AI.39656

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39657

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39658

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39659

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39660

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39661

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39662

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39669

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.39670

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39671

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39672

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39673

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.39674

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.39675

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39676

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39677

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.39678

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.39679

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.39680

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WM. CRAIG HARRIS

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.**C**

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39681

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.**C**

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.39694

Amount of Each Receipt this Period

53.50

C.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.**C**

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: SA11AI.39695

Amount of Each Receipt this Period

53.50

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.39696

Amount of Each Receipt this Period

53.50

B.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.39697

Amount of Each Receipt this Period

53.50

C.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.39698

Amount of Each Receipt this Period

53.50

SUBTOTAL of Receipts This Page (optional)

160.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39699

Amount of Each Receipt this Period

53.50

B.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39706

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39707

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

273.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39708

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39709

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39710

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39711

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

NATALIE P. HOLLAND

Mailing Address 2230 CREST ROAD

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39716

Amount of Each Receipt this Period

18.50

C.

Full Name (Last, First, Middle Initial)

NATALIE P. HOLLAND

Mailing Address 2230 CREST ROAD

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39717

Amount of Each Receipt this Period

18.50

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39724

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39725

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39726

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39727

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39728

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39729

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 277

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.39763

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39764

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.39765

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39766

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39767

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39768

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39769

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39770

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39771

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39772

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.39773

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39774

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39789

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39790

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39791

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39792

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39793

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39794

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39813

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39814

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39815

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39816

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39817

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARY ANNE KUROWSKI

Mailing Address 18 MEMEL DRIVE

City

THORNTON

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39818

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39832

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39833

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39834

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39835

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39836

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39837

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39838

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39839

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39840

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

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PA

Zip Code

19087

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federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39841

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39842

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39843

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39851

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39852

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39853

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39854

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39855

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39856

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39857

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39858

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39859

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39860

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39861

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MARY S LAUKAITIS

Mailing Address 1301 THISTLEWOOD LANE

City

STEWARTSTOWN

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39862

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39869

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39870

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39871

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39872

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39873

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39874

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONNA LESLIE

Mailing Address 118 DEER VALLEY

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39878

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

DONNA LESLIE

Mailing Address 118 DEER VALLEY

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39879

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

DONNA LESLIE

Mailing Address 118 DEER VALLEY

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39880

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

37.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39888

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39889

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39890

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: SA11AI.39891

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.39892

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.39893

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39894

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39895

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39896

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39897

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39898

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39899

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.39900

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: SA11AI.39901

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Transaction ID: SA11AI.39902

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39903

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39904

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39905

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39908

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39909

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39910

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39911

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39912

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City

ELWOOD

State

NJ

Zip Code

08217

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39913

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39920

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39921

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39922

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39923

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39924

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City

OAKLAND

State

MD

Zip Code

21550

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39925

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39940

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39941

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39942

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39943

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39944

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39945

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 277

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39946

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39947

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39948

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39949

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39950

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39951

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39952

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39953

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39954

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39955

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39956

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39957

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.39958

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.39959

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.39960

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39961

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39962

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAUL J. MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39963

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM T. MERRILL

Mailing Address 131 RED HAVEN DRIVE

City

NORTH WALES

State

PA

Zip Code

19454

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39968

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM T. MERRILL

Mailing Address 131 RED HAVEN DRIVE

City

NORTH WALES

State

PA

Zip Code

19454

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39969

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39977

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39978

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39979

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39980

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39981

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39982

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39995

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39996

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.39997

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.39998

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39999

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40000

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40001

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40002

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40003

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40004

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40005

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40006

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40010

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

112.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40011

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40012

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40019

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

64.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40020

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40021

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40022

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 164 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40023

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

THOMAS P. O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40024

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40025

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 277

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40026

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40027

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40028

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40029

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40030

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40057

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40058

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40059

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40060

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40061

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MARY M. PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40062

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40081

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40082

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40083

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2975.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40084

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40085

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40086

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

THOMAS E.J. QUINN

Mailing Address 45 PROSPECT STREET

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40100

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS E.J. QUINN

Mailing Address 45 PROSPECT STREET

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40101

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

THOMAS E.J. QUINN

Mailing Address 45 PROSPECT STREET

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40102

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

THOMAS E.J. QUINN

Mailing Address 45 PROSPECT STREET

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40103

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40104

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40105

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40106

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40107

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40108

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40109

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40110

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40111

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40112

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40113

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40114

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40115

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40122

Amount of Each Receipt this Period

34.00

B.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40123

Amount of Each Receipt this Period

34.00

C.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40124

Amount of Each Receipt this Period

34.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 177 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40125

Amount of Each Receipt this Period

34.00

B.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40126

Amount of Each Receipt this Period

34.00

C.

Full Name (Last, First, Middle Initial)

SUSAN REAGAN

Mailing Address 1364 FOX RIDGE

City

EASTON

State

PA

Zip Code

18040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40127

Amount of Each Receipt this Period

34.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40128

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40129

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40130

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40131

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40132

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40133

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40134

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40135

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40136

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.40137

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.40138

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.40139

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40140

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40141

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40142

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40143

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40144

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40145

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.44

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40146

Amount of Each Receipt this Period

63.46

B.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40147

Amount of Each Receipt this Period

63.46

C.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40148

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional)

190.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.82

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40149

Amount of Each Receipt this Period

63.46

B.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40150

Amount of Each Receipt this Period

63.46

C.

Full Name (Last, First, Middle Initial)

CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1205.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40151

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional)

190.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40170

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40171

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40172

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40173

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40174

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40175

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

503.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: SA11AI.40183

Amount of Each Receipt this Period

19.39

B.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

523.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.40184

Amount of Each Receipt this Period

19.39

C.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

542.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	0

Transaction ID: SA11AI.40185

Amount of Each Receipt this Period

19.39

SUBTOTAL of Receipts This Page (optional)

58.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40186

Amount of Each Receipt this Period

19.39

B.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.40187

Amount of Each Receipt this Period

19.39

C.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40188

Amount of Each Receipt this Period

19.39

SUBTOTAL of Receipts This Page (optional)

58.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.21

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.40189

Amount of Each Receipt this Period

19.39

B.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40190

Amount of Each Receipt this Period

19.39

C.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.99

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.40191

Amount of Each Receipt this Period

19.39

SUBTOTAL of Receipts This Page (optional)

58.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.40192

Amount of Each Receipt this Period

19.39

B.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	0

Transaction ID: SA11AI.40193

Amount of Each Receipt this Period

19.39

C.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

717.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.40194

Amount of Each Receipt this Period

19.39

SUBTOTAL of Receipts This Page (optional)

58.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.40195

Amount of Each Receipt this Period

19.39

B.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100
PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40196

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100
PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40197

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

119.39

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Transaction ID: SA11AI.40198

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: SA11AI.40199

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.40200

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARCIA C. SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40201

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40208

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40209

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40210

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40211

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40212

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40213

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40218

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40219

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

109.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

592.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Transaction ID: SA11AI.40220

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

629.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: SA11AI.40221

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.40222

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40223

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40224

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40225

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40226

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40227

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40228

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40229

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.32

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40230

Amount of Each Receipt this Period

42.88

C.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.20

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40231

Amount of Each Receipt this Period

42.88

SUBTOTAL of Receipts This Page (optional)

110.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.08

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40232

Amount of Each Receipt this Period

42.88

B.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.96

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40233

Amount of Each Receipt this Period

42.88

C.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.84

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40234

Amount of Each Receipt this Period

42.88

SUBTOTAL of Receipts This Page (optional)

128.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40235

Amount of Each Receipt this Period

42.88

B.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40236

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40237

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

92.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40238

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40239

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40240

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40241

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40248

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40249

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40250

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40251

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40252

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40253

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40254

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40255

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40256

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40257

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40258

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40259

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40260

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40261

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40262

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40263

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40264

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40265

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40272

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40273

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40274

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40275

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40276

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40277

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

GARY J SPROUSE

Mailing Address 2108 DIDONATO DR

City

CHESTER

State

MD

Zip Code

21619

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40278

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY J SPROUSE

Mailing Address 2108 DIDONATO DR

City

CHESTER

State

MD

Zip Code

21619

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40279

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY J SPROUSE

Mailing Address 2108 DIDONATO DR

City

CHESTER

State

MD

Zip Code

21619

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40280

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40288

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40289

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40290

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40291

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40292

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40293

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City

WILMINGTON

State

DE

Zip Code

19809

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40294

Amount of Each Receipt this Period

39.59

C.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City

WILMINGTON

State

DE

Zip Code

19809

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40295

Amount of Each Receipt this Period

39.59

SUBTOTAL of Receipts This Page (optional)

119.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.24

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40296

Amount of Each Receipt this Period

39.59

B.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.83

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40297

Amount of Each Receipt this Period

39.59

C.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40298

Amount of Each Receipt this Period

39.59

SUBTOTAL of Receipts This Page (optional)

118.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.01

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.40299

Amount of Each Receipt this Period

39.59

B.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.40300

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.40301

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

139.59

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Transaction ID: SA11AI.40302

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: SA11AI.40303

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.40304

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City State Zip Code
BROOKHAVEN PA 19015

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.90

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40306

Amount of Each Receipt this Period

37.35

C.

Full Name (Last, First, Middle Initial)
WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City State Zip Code
BROOKHAVEN PA 19015

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.25

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40307

Amount of Each Receipt this Period

37.35

SUBTOTAL of Receipts This Page (optional)

124.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40308

Amount of Each Receipt this Period

37.35

B.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.95

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40309

Amount of Each Receipt this Period

37.35

C.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40310

Amount of Each Receipt this Period

37.35

SUBTOTAL of Receipts This Page (optional)

112.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40311

Amount of Each Receipt this Period

37.35

B.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40325

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40326

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

77.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40327

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40328

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40329

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40330

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40331

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40332

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40333

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40334

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40335

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40336

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.40337

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40338

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.40339

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40340

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.40341

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40342

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.40343

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40344

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.40345

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40346

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.40347

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.40348

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: SA11AI.40349

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.40350

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40351

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40352

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40353

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40354

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40355

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40356

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40357

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40358

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40359

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40360

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City

RIPLEY

State

WV

Zip Code

25271

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40361

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40368

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40369

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40370

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40371

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40372

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40373

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40374

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40375

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40376

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40377

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40378

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40379

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40380

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40381

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40382

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40383

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.40384

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.40385

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: SA11AI.40413

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40414

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40415

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40416

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 277

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KAREN M WELLS

Mailing Address P.O. BOX 487

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40417

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
KAREN M WELLS

Mailing Address P.O. BOX 487

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40418

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City State Zip Code
BALTIMORE MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.23

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.40419

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

78.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.69

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.40420

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.15

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.40421

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.61

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.40422

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.07

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.40423

Amount of Each Receipt this Period

38.46

B.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.40424

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.99

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.40425

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40426

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40427

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40428

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40429

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40430

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH W. WILKS

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40431

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40432

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40433

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40434

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 277

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40435

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40436

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

JOANNE M. WISELY

Mailing Address 118 DEEPPDALE ROAD

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40437

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40438

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40439

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40440

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 277

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40441

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40442

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DONNA WIXTED

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40443

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40463

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40464

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40465

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40466

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40467

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40468

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40469

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40470

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40471

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40472

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40473

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40474

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40475

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40488

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40489

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40490

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40491

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40492

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINA YOUNG

Mailing Address 5008 DEER DRIVE

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.40493

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40507

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.40508

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 277

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.40509

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.40510

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.40511

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 277

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City	State	Zip Code
UNIONVILLE	PA	19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATIONOccupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.40512

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

37091.87

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 259 / 277

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARLEN SPECTER

Mailing Address 4111 TIMBER LANE

City

PHILADELPHIA

State

PA

Zip Code

19122

FEC ID number of contributing
federal political committee.**C** S6PA00100

Name of Employer

Occupation

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA16.39166

Amount of Each Receipt this Period

1500.00

Refund of contributions

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 / 277

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mellon Bank

Mailing Address 7th and Market Streets

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Bank fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.39153

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mellon Bank

Mailing Address 7th and Market Streets

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement

Bank fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.39154

Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

300.11

C.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 400 Scarlett Road

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement

bank fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.39157

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

36.00

SUBTOTAL of Disbursements This Page (optional)

636.11

TOTAL This Period (last page this line number only)

636.11

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.39145 Date of Disbursement
Mailing Address 14 KNIGHTSWOOD DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 1 0</div> </div>
City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.39098 Date of Disbursement
Mailing Address 1201 L Street, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>012</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS	Transaction ID: SB23.39123 Date of Disbursement
Mailing Address PO Box 295	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 1 0</div> </div>
City Oaklyn State NJ Zip Code 08107	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 14

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39105

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39139

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: CO District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39100

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City
DENVER

State
CO

Zip Code
80203

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: CO District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39118

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: OR District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39109

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B Pennsylvania Ave., SE
 Basement Unit

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39107

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMP, DAVID LEE

Mailing Address 5905 Wimbledon Ct.

City State Zip Code
Midland MI 48642

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39077

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

CASEY, ROBERT P JR

Mailing Address PO BOX 58746

City State Zip Code
PHILADELPHIA PA 19102

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39103

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City State Zip Code
NEWARK DE 19714

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: DE District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39150

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.39126

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.39137

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

DENT, CHARLES W REP

Mailing Address 3626 EVENING STAR TERRACE

City
ALLENTOWN

State
PA

Zip Code
18104

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.39080

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENT, CHARLES W REP

Mailing Address 3626 EVENING STAR TERRACE

City
ALLENTOWN

State
PA

Zip Code
18104

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.39152

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DRIEHAUS FOR CONGRESS

Mailing Address 1018 BENZ AVENUE

City
CINCINNATI

State
OH

Zip Code
45238

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.39117

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric PAC

Mailing Address 209 Pennsylvania Avenue SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.39076

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39121

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 05

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39078

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JIM GERLACH

Mailing Address 649 Deep Hollow Lane

City Chester Springs State PA Zip Code 19425

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39148

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City
Wadsworth

State
OH

Zip Code
44281

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: SB23.39087

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

KIRK FOR SENATE

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.39081

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MAJORITY COMMITTEE PAC-MC PAC

Mailing Address P.O. BOX 10134

City
BAKERSFIELD

State
CA

Zip Code
93389

Purpose of Disbursement

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.39111

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MEEHAN, PATRICK L

Mailing Address 50 S PROVIDENCE ROAD

City
MEDIA

State
PA

Zip Code
19063

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.39146

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

MICHELE ROLLINS CONGRESS 2010

Mailing Address PO BOX 1026

City
WILMINGTON

State
DE

Zip Code
19899

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.39101

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.39106

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.39124

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.39141

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

NEAL, RICHARD E MR.

Mailing Address 36 ATWATER TERRACE

City
SPRINGFIELD

State
MA

Zip Code
01107

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: SB23.39129

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.Full Name (Last, First, Middle Initial)
NUNNELEE FOR CONGRESSMailing Address 438 EAST MAIN ST
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: MS District: 01Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.39093

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

B.Full Name (Last, First, Middle Initial)
OLIVERIO FOR CONGRESS

Mailing Address 1199 VAN VOORHIS RD SUITE 6

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: WV District: 01Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.39097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	0

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

C.Full Name (Last, First, Middle Initial)
ONORATO, JOHN A

Mailing Address 711 WEST 10TH

City ERIE State PA Zip Code 16502

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: PA District: 03Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.39136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OVIDE FOR SENATE 2010

Mailing Address 172 YOUNG STREET

City
MANCHESTERState
NHZip Code
03103

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.39113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
Long BranchState
NJZip Code
07740

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.39144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City
TotowaState
NJZip Code
07511

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: SB23.39143

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **PORTMAN FOR SENATE COMMITTEE**

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: OH District: 00

Transaction ID: SB23.39083

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) **PROSPERITY PAC**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: District:

Transaction ID: SB23.39085

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial) **ROBERT HURT FOR CONGRESS**

Mailing Address PO Box 2

City Chatham State VA Zip Code 24531

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: VA District: 05

Transaction ID: SB23.39091

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLYSON Y. SCHWARTZ

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.39142

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

SESTAK FOR SENATE

Mailing Address PO BOX 1936

City
MEDIA

State
PA

Zip Code
19063

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.39119

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

SESTAK FOR SENATE

Mailing Address PO BOX 1936

City
MEDIA

State
PA

Zip Code
19063

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.39138

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SNOWE FOR SENATE

Mailing Address PO BOX 2012

City
PORTLAND

State
ME

Zip Code
04104

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39095

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39089

Date of Disbursement

07 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City
OREFIELD

State
PA

Zip Code
18069

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39125

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P. O. Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39079

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.39120

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

79000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Genesis HealthCare Corp State PAC

Mailing Address 101 E. State Street

City State Zip Code
Kennett Square PA 19348

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.39115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

8000.00